

**Developing a
Housing
and Community
Care Strategy
for Older People**
A Do-It-Yourself Guide

Christine Oldman

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Introduction

This 'do-it-yourself' guide has come out of a study funded by a Housing Corporation Innovation and Good Practice Grant. This study, *Growing Older In Middlesbrough* (Oldman and Carlisle 1999) was concerned with developing a housing and community care strategy for older people living in Middlesbrough. Its central aim was to:

test an approach to the development of a housing strategy for older people in the context of community care that could become a blueprint for other localities.

It was envisaged, at the outset of the study, which began in 1997, that there would be two outputs. The first of these would be the results of the study which, essentially, would be of interest only to individuals and organisations working within Middlesbrough. The second output is this publication. It is not presented as *the* blueprint on how to develop a housing and community care strategy for older people. Every local authority will need to work within its own special circumstances. Rather, it is intended as a guide that might be helpful to local authorities and their registered social landlords working together to plan and provide better housing services for older people. It is for those localities who may not be able nor want to use, as this project did, the services of an external research organisation. It tells its readership the 'story' of how developing a housing and community strategy was approached. It identifies the problems, warns of the difficulties and highlights the things that work.

Why develop a housing and care strategy for older people?

The quick answer is because 'across the board' strategies are required by the Housing Corporation. The latter wants registered social landlords' housing strategies to reflect those of the local authority and will only give funding when there is proof that an investment fits in with an authority's corporate goals.

There are other reasons why registered social landlords (RSLs) and local authorities should try to come together to plan and provide for older people living in their areas. There is a need for a 'joined up' approach because all three statutory sectors, housing, social services and health, have agendas that need the others for their achievement. These sectors also need the independent sector. Older people, themselves, will clearly benefit from a well co-ordinated approach to their needs. The individual service user living in the community does not compartmentalise their various needs, and the response to those needs, into 'housing', into 'health' or into 'social care'. They want a seamless service. Finally, joint working between housing agencies and others is necessary to advance the much overdue prevention agenda. Local housing strategies for older people are required in the context of a changing policy environment for service delivery. The Social Services White Paper *Modernising Social Services* (DoH 1998a) acknowledged there had been an undue emphasis on ever increasing targeting on those in the most need. The White Paper's re-direction of community care policies from an approach which delivers services only at the point of crisis, moves housing centre stage. Housing agencies have a key role to play in providing low level services which can prevent recourse to more expensive types of interventions.

Issues concerning older people are now high on the policy agenda. At the end of the 1990s there has been something of a shift in emphasis. For many years the discussion was in terms of the 'problem of the elderly' and there was a hint of panic about the economic and social implications of an ageing population. However, recently, a number of rather more positive statements have been made. Age Concern launched its key millennium debate which aimed to focus on the contribution older people make to society rather than on their dependency. Help the Aged, amongst others, have been successful in getting older people included in the social exclusion debate (Harding 1997). The Labour Government when it came to power in 1997 established an inter-ministerial group on older people as part of its larger project to encourage 'joined up thinking'. In December 1997 it launched its *Better Government for Older People* programme which aims to develop and test inter-agency strategies for an ageing population. Participation of older people, themselves, in the *Better Government* projects is a key feature of the programme. The Department of Health (1998b) required local authorities to draw up Joint Investment Plans for older people. Finally, at the end of the century the Royal Commission on the funding of long term care (Sutherland 1999) focused very much on housing based alternatives to institutional care.

In addition to a spate of initiatives directly concerned with older people there have been, over the last few years, a number of other developments which have implications for housing for older people. The publication of *Supporting People: a new policy and funding framework for support services* (DSS 1998) provides a timely opportunity for housing and social welfare agencies to get together to develop new support services ahead of the new funding arrangements for housing and support in 2003. Also of great importance as far as this guide is concerned is the Best Value framework which is now central to thinking on the future of public services. In essence, the Best Value regime, which at the time of the Middlesbrough study was not as well established as now, requires value for money and evidence that costs are justified. It also requires that services are quality tested and standards are continually improved upon. Many local authorities are now carrying out best value reviews on aspects of their provision, for example sheltered housing or, as in the case of Middlesbrough, the supply of equipment and adaptations. Best Value is a key part of a relatively new approach to the delivery of welfare - namely that of seeing the user as a consumer.

Finally, there are three further initiatives or developments which have relevance to housing and community care strategies for older people: the National Carers Strategy; the Health Act 1999; and Primary Care Groups. All will be referred to later in the guide.

The steps involved in developing a housing and community care strategy

The initial impetus

Developing a housing and community care strategy cannot, with any real effect, be carried out by a single agency. It has to involve joint working. There will usually be a particular impetus which inspires individuals and agencies to get together to develop a housing and community care strategy. Such an example could be the desire, on the part of a social services department, to see a more effective deployment of sheltered housing in the context of a declining commitment to its own residential care. There has to be a strong belief on the part of, at least some of, the participants that working together will benefit individual organisations. The extensive literature on joint working has shown that it will fail unless there is vision and commitment.

The Middlesbrough exercise was informed by the report of another Innovation and Good Practice Grant Report *Housing and Care Links: a strategy guide to planning services for older people* (Watson and Torr 1998). This is highly commended as a very detailed guide on how to develop housing strategies for older people. Our guide provides more of an overview and is less prescriptive. It also focuses very much on the organisational and political barriers which make the strategy formulation problematic.

In Middlesbrough five distinct steps or processes were involved. They were:

- getting started;
- collating and appraising existing sources of information on need, demand and supply;
- carrying out, where necessary, primary research, for example, conducting needs studies;
- conducting overviews of selected operational areas;
- bringing together into a strategy and implementing

Before these steps are discussed further the issue of assessing the housing and care needs of older people is examined.

Needs assessment

The Housing Corporation in its 1996 policy document on older people states:

There is no established way of estimating the housing and care needs of older people. In some places the lack of data on needs and demands hampers the development of a joint strategy. We expect the housing needs of older people to be fully identified in local strategies. These strategies should take into account older people's needs and aspirations, effective supply across all tenures and the care needs of older populations. (Housing Corporation 1996 p. 19).

Arguably, the Housing Corporation underestimates the difficulties involved in carrying out needs assessment exercises. Housing needs analysis of any type is well known to be problematic. It is particularly difficult as far as community care service users are concerned because there are very few robust measures of need or demand. Below possible methodologies are discussed.

Proxy or indirect measures of need

Some indications of the housing and care needs of older people can be obtained through an analysis of existing local information on demography, tenure, income, wealth, health, etc. Where local data does not exist extrapolation may be possible from national sources such as Grundy et al's (1999) follow up of the OPCS 1985 Disability Survey.

The Pathways model

This approach developed by Watson (see for example Watson and Britain 1996) has become quite well known and defines housing need, in the main, in terms of future moves from existing accommodation. It produces a three year estimate of projected unmet housing need. This is done though establishing the current living circumstances of older people in a locality and then comparing estimated moves from these different circumstances with an estimate of the number of places available in different provisions. Although pathways studies quantify unmet need the figures produced are necessarily subjective, based, as they often are on welfare professionals' assessment of older people who may require a move. The difficulty is that some professionals, for example, social services' care managers, are insufficiently sensitised to housing issues and know very little about their clients' housing needs. Data, therefore, on likely moves might be of rather dubious value. A further problem is that Pathways has tended to focus on moves; housing needs, however, can be met through 'staying put' initiatives.

Establishing databases

Some local authorities are beginning to establish databases of the housing needs of community care clients. These could be the by product of a Pathways type exercise described above. The needs which have been identified though a Pathways study could be fed into a database which is then maintained. Another approach might be to build databases of housing and support needs out of both the community care assessment process and/or the housing waiting list.

Direct measures of need

The best approach to assessing need is through primary research that directly asks older people either quantitatively, through surveys, or qualitatively, through in depth interviews or focus groups, what their needs are.

Market analysis

It should be noted that there is a growing emphasis away from needs analysis in favour of housing market or demand analysis. Needs assessment is within the tradition of welfare allocation which in the context of low demand, in some areas, for social housing can be inappropriate. However, there are strong arguments that in areas of high demand as well as in areas of low demand an analysis of the requirement for housing and support for older people should be built on their preferences and aspirations. Such an approach accords well with a view that stresses citizenship and consumerism in later life (Riseborough 1999).

Getting Started

There are a number of key issues to decide at the outset:

- who will develop the strategy;
- how will older people be represented;
- what will be on the agenda;
- who will be the constituency i.e. which older people;
- what will be the underlying orientation?

Who will do or commission the exercise?

The question of who is going to conduct the exercise is crucial. In Middlesbrough the task of developing a housing and community care strategy was given to a specially convened steering group which commissioned the University of York to carry out primary research. This group was multi-agency in nature and comprised representatives from: a registered social landlord; the regional Housing Corporation; Social Services; the Health Authority; the Housing Department and Age Concern. Unsurprisingly, it was an arrangement which worked imperfectly. Middlesbrough was a typical local authority in that there was a considerable amount of organisational change going on in the departments and agencies represented in the steering group and some turnover of senior staff. Ideally, the strategy needs to be developed or commissioned by a tightly knit but preferably multi agency body which has authority, resources and commitment and above all a sense of ownership. Such a body, paradoxically, is unlikely to exist. If it did there would probably be no need to develop a collaborative strategy in the first place.

In some areas, it may be appropriate to place the task of developing the strategy within the joint planning structures, creating, for example, a special sub group of a Joint Planning Group for Older People. In the absence of a well co-ordinated inter-agency group what is necessary is the absolute commitment of two or three highly placed individuals who can give near undivided attention to the development task and can steer, supervise and manage any external consultancy which may be employed on the task. Ideally, a group needs to have on it providers, for example the key RSL players, as well as purchasers. Finally, it needs a powerful and influential chair.

Older people representation

For the strategy to have credibility with its constituency there should be genuine rather than tokenistic older people representation (Thornton and Tozer 1995). The involvement of the voluntary sector is important but agencies such as Age Concern are organisations for older people rather than organisations of older people. A way of incorporating the user's voice might be through Better Government for Older People projects where these exist. In a number of authorities throughout the country older people's participation in the community care planning process is being re-invigorated through this initiative.

It might also be considered important to involve carers' organisations right from the start. This will also help to strengthen older people's participation in the process since carers are often themselves over pensionable age.

Deciding on an agenda

The first task is to try and set the parameters of the study. A comprehensive housing and community care strategy may be over ambitious; it might be better to focus on one area of concern such as a review of sheltered housing. However, the exercise is always going to be iterative in nature. It will not necessarily be apparent what needs to be investigated until it is underway.

Which older people?

A very early question to decide is 'Which older people in the local area are going to be covered by the strategy?' For example:

- everyone over pensionable age living within the local authority boundaries;
- older people 'in need', for example, all those over 75 years or over;
- older people in financial need, for example all those in receipt of council tax benefit;
- older people in receipt of social care services?

Given the political realities of heavily constrained local budgets it might be argued that the focus of the strategy should be on those in need of housing, care and support services. However, defining such a group may not be easy. Different agencies will approach the definition differently. For example, social services' definition of 'in need' has evolved and become more restricted in the face of continued budgetary restraint. It might be decided to adopt a very broad approach to deciding the target population. In Middlesbrough, for example, the younger 'elderly' including pre-retirers, were included within the steering group's remit. The retirement period is characterised by diversity which needs to be recognised by social planners. Not only is the age span very wide, there are also very considerable differences in terms of expectations, aspirations, preferences, income and social circumstances which local strategies for older people need to reflect.



Getting the philosophy right

The final getting started task could be called 'getting the philosophy right'. It concerns the way in which the housing and care strategy exercise is tackled. This can only be decided locally but the approaches could be placed on a empowerment/dependency continuum. At the empowerment end of the continuum the process would be carried out in the spirit of social inclusion of older people and genuine user involvement. In other words, this type of strategy exercise would rest on principles of citizenship (Riseborough 1999). At the dependency end the implicit focus may be on 'the problem of the elderly', on pathologising old age and working jointly so that one agency can shed some of its responsibilities. Our own approach in the Middlesbrough was much more at the empowerment end of the continuum. We tried to work within a community development model which is very much a feature of that town.

Collating and appraising existing sources of information on need, demand and supply

This stage is the main activity of the strategy development process. It is in effect a mapping exercise. In any local authority there is a considerable amount of existing information which is relevant to the housing and community care needs of older people. It needs, however, 'mining for', pulling together and appraising. Information will not always be in the form that it is needed and may have to be refined and reformulated. The agenda setting process will have decided what are the key questions which need answering. One of the main purposes of this first stage is to establish what the main information gaps are which may have to be plugged via empirical investigation. It is wasteful of resources to embark on research until this taking stock process has been completed.

This stage, if done well, will go a long way towards developing a housing and community care strategy. It will necessarily involve the group working together, getting data into a consistent form and deciding together what messages are emerging. It may not necessarily be a quick process.

Collecting information on needs

In any authority there will be existing data relating to need. These are proxy indicators and fall into at least seven categories:

- basic demographic information;
- tenure;
- minority ethnic older people;
- health;
- income and wealth;
- housing conditions;
- rurality.

Basic demographic information

This category of data is not of direct relevance but it provides an important context to the strategy exercise by showing, for example, how typical or otherwise the local area is in term of the national population of older people. It will also show a number of other things, such as the number of older people living alone in different age groups, household composition and spatial distribution. It will be easy to collect particularly if there is a research and intelligence unit within the authority. The Census and mid year estimates will be the main source of data but obviously the 1991 Census is now not very useful. Preparations for the 2001 Census are currently being made. The new Census will represent a very good time to start developing a housing and community care strategy.

Tenure

Tenure is important as it determines, to some extent, the housing and care options open to older people. Tenure analysis is likely to show a different distribution to that of the general population in the locality. More older people, proportionately, will live in council housing and more in private rented housing than other age groups. In the Middlesbrough study tenure analysis highlighted a group that can sometimes be forgotten, older private renters. Although small in number they were found to be older, more disabled, more badly housed and poorer than the older population at large. The challenge for the group commissioning the strategy development process is how to respond to these needs.

Ethnicity

Information should be collected to show the size, the spatial distribution and the diversity of black and minority ethnic groups over pensionable age. Although the overwhelming majority of the older UK population is white, the difference in the needs and aspirations of older people from black and minority ethnic groups (BME] compared to those of the white population should be reflected in housing, health and social care policies. Policy makers need to note, as well as clear differences between the majority population and black and minority ethnic elders, that there is clear diversity between the latter. This is particularly so in Middlesbrough. The minority ethnic population in the town is not large but it is very diverse, requiring rather different service delivery responses. Policy makers need also to heed that, whilst small numerically now, in the next two decades there will be a significant increase in the older black and minority ethnic population (Patel 1999).

Health

Local data on the health circumstances of older people may be difficult to obtain. The question relating to long term, limiting illness in the Census is of some use and forward projections can be carried out on the OPCS disability study and its follow on study Grundy et al (1999). For example, the *Growing older in Middlesbrough* study estimated the number of severely disabled older people in different age cohorts. Analysis of census data showed that older people living in rented housing were more likely to report long term illness or disability than owner occupiers.

There may be other sources of data such as locally commissioned surveys or health data. Information on levels of mental illness and dementia may be difficult to obtain.

Income and wealth

It is important to get some feel for the numbers of older people who are unable to 'self provide' but good local data on incomes and wealth is hard to come by. The key indicator of older people's wealth is the level of housing equity they hold. However, local house price data, a proxy indicator of housing equity, is not age or household specific. Later it will be seen that we obtained a crude estimate of the number of older people who could potentially use their housing equity to pay for care by asking them what council tax band they were in.

Housing quality

There is considerable national evidence to show the adverse impact of poor housing on the health and well being of older people. There will be local data available on house conditions. It may be possible to conduct age related analysis on this to show the number of older people in different tenures living in poor housing.

Rurality

In some local authorities this needs to be a feature of the information collection exercise. Disproportionate numbers of older people do live in dispersed communities often with very hidden needs. Existing information, again, may be difficult to come by.

What information collection on existing needs data will have achieved?

Information collection on these broad indicators will go some way towards giving some very general idea of the numbers of older people 'in need'. For example, estimates of the number of older people in different age cohorts with severe disability will begin to indicate something about the need for adaptations in the home. The collation exercise will show where primary research may be necessary, for example, finding out about levels of housing equity. It will also show that information is patchy, inconsistent and unco-ordinated but it has value in its own right. The process of reconciling data sources and agreeing common definitions such as deciding how 'elderly' should be defined is part way towards developing a joint strategy.

Collecting information on provision

This stage in the process is difficult and time consuming but absolutely necessary. In their guide to developing a housing and care strategy Watson and Torr (1998) suggest gathering supply side data relating to a wide range of provisions. Local decisions will have to be made as to what can be practicably achieved. It is suggested here that a comprehensive audit of information is carried out on the following:

- sheltered housing and very sheltered provision in all sectors: council, RSL and private (some of this provision may be registered under the Residential Homes Act);
- residential and nursing home provision in all sectors: council, voluntary and private;
- provision of adaptations to older people living in their own homes;

- the provision of dispersed alarms;
- the provision of a home improvement and repair service;
- the provision of wheelchair and mobility housing, both adapted and purpose built;

For this activity to be useful it is not simply a question of collecting information on the bare details of what exists such as the number of schemes in different sectors but also finding out what services are on offer such as communal facilities, wheelchair units, lifts and what vacancy and turnover rates are. Much of this information will be available but will have to be brought together on a consistent basis. This, particularly the obtaining of information on vacancies and turnover in sheltered housing and residential care, will not be an easy task.

We do suggest that information is sought on residential provision because of the close substitution of some housing provision such as very sheltered housing. Although the Housing Corporation policy document on older people advises it, an audit of all community care services seems unrealistic. Nevertheless, a brief overview of the scale of domiciliary and day care services would be useful and, possibly, quite simply obtained from social service departments.

As well as collecting information on the different provisions, waiting list data where it exists should be analysed. For all its limitations, waiting list data is a measure of demand which itself is quite separate from the concept of need.

Sheltered housing

The audit of provision will encompass sheltered housing in all sectors. In any local authority RSL sheltered housing is potentially an important resource but in some areas each individual housing association appears to manage its stock in isolation from other associations and from the authority:

Unfortunately authorities sometimes treat RSLs as competitors for a limited pool of potential tenants, rather than collaborating with them to find future solutions. This antipathy affects potential tenants who are sometimes given little or no information about RSL properties, thereby reducing their choice, (Audit Commission 1998).

Information on each scheme in all sectors will be somewhere, but bringing it together in a consistent way will be time consuming. Of importance but difficult to obtain will be void and turnover data. The former will inform any 'difficult to let' problem which it is believed exists and, turnover data will give some idea of sheltered housing's potential to respond to the changing needs of the residents. The degree of detail which is collected will depend on the agenda set by the commissioning group in the first place. A key issue in Middlesbrough was trying to find out about the physical attributes of schemes and their accessibility to disabled people; how many had lifts, how many had wheelchair dwellings, etc.

Analysis of local housing registers will give an idea of demand for sheltered housing and where it is coming from but it is arguable whether it will produce a true measure. People may put themselves on the housing register because they want smaller, more secure and more convenient housing, not because they are necessarily seeking sheltered housing. In Middlesbrough, as will be the case elsewhere, in overall terms there seemed to be many more older people, particularly owner occupiers, waiting for sheltered housing than there seemed to be places available. However, at the same time there were unacceptable voids in some schemes: a 'difficult to let' problem.

Residential care

Data on the number of homes and on the facilities offered will probably be relatively easy to obtain from Social Services Departments. Vacancy and turnover data maybe harder to pull together Demand data is problematic; individual waiting lists may exist but whether they represent 'demand' for residential care is highly debatable.

The provision of adaptations

Data on the number of adaptations provided for older people in different tenures, will not necessarily be easy to obtain, partly due to the fragmentation of this service into different budget heads: Disabled Facilities Grant (DFG); Home Repair Assistance; the Housing Revenue Account, for example. Also of importance to the data collection exercise will be the type of adaptation carried out and the expenditure incurred. It is likely that computers will store some of the information that is required but not necessarily data related to the age of the client.

It is very hard to talk about the demand for adaptations. Housing officers tend to measure it in terms of occupational therapist referrals. However, these referral rates are often a function of the ability of the OT service to keep up with their referrals. Older people do not necessarily 'demand' a DFG. They are unlikely to be aware of how the public system for funding adaptations works but in every local authority their need to get around their houses is likely to be far in excess of the supply of adaptation grants.

The provision of accessible housing

The Audit Commission in its report *Home alone* (1998) commented on the difficulty caused for community care by both the shortage of barrier free housing and the lack of knowledge of what adapted properties are available. It highlighted the current contradiction that despite the very high demand from disabled people for suitable accommodation adapted properties can stay empty for some time. Some authorities are beginning to develop disability registers of adapted properties, at least in the social rented sector (Shaw 1999). Compilation of such a register, particularly if its coverage is to be all RSL housing as well as council stock, will be slow. Individual providers will have this information but putting it together into a local authority wide database will be a big task.

The key problem for some older people is their disability, too often it is 'normalised' by others and possibly by themselves. It is seen as an intrinsic part of being old. 'You are old so you can't expect to walk as well as you did'. The strategy will, hopefully, reject this attitude and, instead, assist older people access barrier free housing.

It cannot always be assumed that older people do not want to move. A move to a more suitable house may well represent a more cost effective solution than trying to adapt an existing property. Again, demand measures are problematic. Analysis of the housing waiting list, depending on how information is coded and stored, may show how many people over pensionable age wish to move because of their disability.

The provision of dispersed alarms

The audit should include the numbers and characteristics, such as tenure, of older people who are in receipt of a dispersed or community care alarm. This service is often isolated from mainstream community care services but may have potential as we suggest below.

Do measures of demand exist? Do older people 'demand' alarms? There may be a waiting list.

The provision of home improvement and repair services

The needs part of this information exercise may have revealed that older, ill and disabled people are more likely to live in poor housing than the general population. An audit might be able to find out how many people of pensionable age received renovation grants or Home Repair Assistance. It may not be easy to access this sort of information, particularly if the authority does not have a home improvement agency.

Taking stock: where has this got us?

Some considerable progress will have now been made in developing the strategy and in deciding where research effort should go to plug information gaps. It will undoubtedly be in the area of needs where data will be elusive. Also some aspects of the audit of provision described above will not simply be a matter of collecting information which already exists. There may have to be dedicated effort to set up an information collecting exercise, for example on voids data.

A number of themes and questions will now clearly have emerged such as those about the adequacy of different provision. For example:

Have we got too little sheltered housing or too much;

Have we got too much residential care;

What does the annual budget for DFG look like compared what has been found about the numbers of severely disabled older people;

How do social service's resource priorities relate to the housing department's spending on housing and care services?

Moreover, a further key purpose of this stage of the process will have been to identify what is not known about the needs, demands and preferences of the older population of the area. This can only be addressed through direct consultation in the second stage. Finally, some initial feel might have been obtained about the distinction between present and future needs.

Asking older people about need

This stage of the strategy developing process is essential. The group needs to 'engage' with older people in a consultation exercise about their current and future housing needs, preferences and aspirations. In the discussion above on needs assessment methodology, indirect as well as direct methods of assessing need were examined. A note was also made that needs analysis according to outmoded rules of welfare allocation will sometime give way to demand or market analysis. In Middlesbrough, as has been shown, some time was spent on collecting indirect or proxy indicators of need. There are other possible approaches. One could be a Pathways type of exercise involving asking professionals what their clients' housing need are and building up a database from the responses. Alternatively, in theory at least, care managers' individual care assessments, picking up on housing need, could be aggregated.

As far as direct methods of needs assessment are concerned the following suggest themselves:

- piggy backing onto an authority wide housing needs survey;
- conducting a household survey of the pensionable population;
- conducting a survey/s of sub groups of the pensionable population;
- carrying out individual or group interviews with sub groups of the pensionable population.

Resources will partly dictate which option is chosen. If primary research of any weight is being planned it will be necessary to commission an outside organisation to do the work, unless there is an in-house facility.

In the Middlesbrough study two methodologies were employed. A series of focus groups were held with different segments of the older population: sheltered housing tenants, owner occupiers, pre-retirers, ethnic elders, care receivers and carers. These were followed by a representative sample survey of the pensionable population. If an authority can afford to go for more than one needs assessment method it might consider carrying out in depth or qualitative research prior to a large survey. The former will inform the design of the latter.

An authority wide survey

A general housing needs survey which is being undertaken in the local authority would include a sample of older people. The disadvantage however is that this will conceal particular features of this population and be skewed towards the 'fitter' and 'healthier'. It is advised that more focused attention is given through a household survey of the pensionable population. This can concentrate on particular issues including those that may have come up in the previous stage of the exercise such as the level of ignorance there will undoubtedly be about the levels of housing equity owned by older people. The next section looks in more detail at household surveys targeted at the older population.

A household survey of the pensionable population

The first task is to decide a suitable sampling frame from which to draw a sample. In Middlesbrough the following were possibilities:

- the electoral register (people over 70 are identifiable);
- the council tax register;
- the bus pass list;
- GP registers;
- the council's newsletter (in Middlesbrough this goes to all council tax payers).

There are advantages and limitations with all of these. The only possible option in the end for our research was the bus pass list. This proved to be excellent since in Middlesbrough an estimated 80 per cent of the pensionable population register for a bus pass. Our research coincided with the renewal of these passes. This is a process which has to be done by person; consequently the survey forms were handed to people and a very high response, not normally a feature of household surveys, was obtained. We were able to validate the results of the survey against other data, most notably the Census. We found that our sample was representative of the pensionable population of the town in terms of gender, age, ethnicity and household composition. It exhibited a very slight skew towards the more mobile which would be expected of a sample drawn from a bus pass list. One would also suppose it might be biased against the better off, car owning or taxi hiring, segment of the population. There was, however, no data available with which to compare our sample on this variable since, as the discussion above has shown, there is usually very little known locally about income and wealth. One way of avoiding bias in a sample is to consider stratifying it so that age groups, gender, ethnicity, etc are adequately represented.

The Middlesbrough survey covered the following subjects:

- personal and household tenure characteristics including tenure;
- income and savings including an assessment of the level of housing equity held by older owner occupiers;
- housing conditions;
- housing suitability;
- moving intentions;
- health circumstances.

Well designed, a survey can yield a great deal of useable information. Housing surveys, particularly of the older population, are often criticised for producing results lacking in plausibility, for example coming up with extremely high rates of satisfaction. If a survey, however, is well planned and piloted and is informed by earlier preparatory or qualitative work it is possible to have a great deal of confidence in it. Some time was spent in the Middlesbrough research in designing questions that probed levels of satisfaction.

The Middlesbrough survey produced new information about a number of things. A great deal more, for example, than had previously been known, was learnt about owner occupation. Owner occupiers were shown, *relative* to renters, to be better housed, healthier and less poor. However, the majority of owner occupiers in the town compared with the non pensionable population and with national data on pensioner incomes were financially disadvantaged. Levels of housing equity were low and a fifth of all older occupiers were still paying off a mortgage. Other interesting facts emerged. Levels of satisfaction with housing and with the immediate environment were not as high as other surveys have indicated. Also, respondents indicated a greater desire to move than some research has suggested. In household surveys great care has to be taken with the design of questions. Questions about moving intentions and questions about income are two good examples. The Middlesbrough survey indicated that a significant number of owner occupiers wanted to exit the tenure.

A distinction was deliberately drawn in the design of the survey between housing conditions and housing suitability. Unsurprisingly, fewer reported poor housing than reported their house or its location was not suitable for them. The number considering that they need changes or modification to their homes such as adaptations was quite high. The disabling effect of much housing was very clearly brought out in the survey.

As will be shown below, the survey and the more in depth approaches to ascertaining need highlighted common themes; themes which previous research on older people and housing has not necessarily discussed very much.

Surveys of sub groups of the pensionable population

There is a case for conducting one or several specialist surveys of the older population following up issues which have come up earlier. These, being more focused, are more likely to produce intelligence as opposed to data. They will inform clearly articulated questions and can thus directly feed into decisions about future policy and service development.

Suggestions for specialist surveys might include the following:

- care needs of sheltered housing residents;
- housing needs of care receivers;

- older people in both rented and owner occupied housing waiting for or having received adaptations;
- housing register applicants.


Specialist surveys can, more successfully than general household surveys, explore care issues. A general survey will only yield a small proportion, possibly no more than five per cent of respondents, who are currently in receipt of care services.

In depth studies of need

Both individual and group or focus interviews allow older people to say what is salient to them. Surveys so often reflect the pre-conceived notions their designer has about older people. Focus groups are a particularly useful exercise in that the members spark off ideas amongst themselves. They have been relatively little used in research with older people. In the Middlesbrough study they proved to be very successful. The aim was to talk to quite different 'markets' of older people in order to capture the diversity which characterises old age. Importantly, common themes emerged which came up again in the household survey. They were all themes which previous research has tended to ignore. They were:

- the need to feel safe and secure in old age;
- inequity in service delivery;
- practical support is as important or more important than personal care;
- barrier free housing would go along way toward addressing needs. Homes are poorly designed for the needs of old age;
- adaptations are not always useful nor used;
- isolation, lack of social life and boredom, was a common experience.

There were considerable concerns about safety. A key reason for moving to sheltered housing was to feel physically safer; however, schemes often were not as secure as people had hoped. The concept of equity came up a great deal and was particularly expressed by owner occupiers. The latter felt that the council was not very interested in them and they also felt that people were penalised for having been diligent and thrifty in their 'non' old age. It is difficult for providers to know how to respond to these sorts of findings. Means tested policies are often nationally based. What agencies can do, however, is to make absolutely clear and transparent how eligibility to various services works. They can also improve advice and counselling related to benefit take up.



The criticisms that the focus group respondents were making about the physical design of their homes were interesting. There were some adverse comments about providers' assumptions about space:

When will the authorities realise that older people need more space to move around not less - for example for walking frames, walking sticks and wheelchairs.

(Council tenant, aged 81, contemplating a move to sheltered housing).

Many discussants said they needed adaptations to make their own homes more accessible. Of those who had had changes made a few commented that the adaptation was not useful and 'made no difference'. A theme which came up over and over again related to older people's social needs. These often appeared more salient than their care needs. A strong motive for moving to sheltered housing was the expectation that social life would improve as a result.

Finally, the needs of carers as well as cared for were highlighted. Carers needed adaptation as much or more than the cared for. Also carers were often the group most requesting sheltered housing as some bulwark against the isolation experienced as a carer 'in the community'. Meeting the housing and support needs of frail older people will also make a contribution to meeting at local level the requirements of the National Carers Strategy.

Conducting overviews of selected operational areas

This stage comes after having conducted a detailed mapping exercise of needs, demand and supply and having consulted older people directly about their needs. It will have become apparent what the priority areas are and what the strategy wants to focus on. This stage is about conducting mini studies of different areas prior to publishing a draft strategy. It is in effect the stage immediately prior to implementation. In the Middlesbrough study the following were selected for more detailed study:

- joint working at both the locality level and at the level of assessing individuals' needs;
- the delivery of adaptations and the provision of appropriate housing;
- sheltered housing and Middlesbrough's Carelink;
- minority ethnic older people;

In other localities different themes will recommend themselves. In Middlesbrough there had to be a prioritising of effort. Not studied but of growing importance in other areas, particularly in the context of implementing the *Supporting People* proposals, is the issue of delivering floating support to those older people who do not live in specialised housing. Another possibility in Middlesbrough would have been to carry out detailed tenure studies. The needs exercise had shown that both older people living in private rented housing and owner occupiers were neglected in service delivery provision.

Below is presented the analysis which flowed from a study of the these four themes through data collection and interviews with officers. They are generalisable to other authorities.

Joint working

The process of developing the strategy will have strengthened joint working but it will have also highlighted areas of weakness which need to be remedied. Joint working is, and always will be, problematic. Policy exhortations to agencies to be better at it often fail to recognise political realities. In the context of intense competition between and within purchasers and providers over resources, collaborative endeavour is not easy. It can only work if rewards to the individual participating organisations are clearly seen and realised. Although there is clear strategic (DoH 1999) and operational (Means et al 1997) guidance about inter-agency working at the interface of housing, health and social care, 'joined up doing' is far harder than 'joined up thinking'.

The strategy developing process may have highlighted opportunities as well as barriers to joint working. Pooling resources and jointly commissioning services now required in the wake of the Health Act 1999 may be one of these. The funding of adaptations needs a joint approach; the Disabled Facilities Grant budget cannot bear all the strain. *Supporting People*, (DSS 1998), provides a timely opportunity for agencies to work to develop and expand a range of non-intensive services which older people in the Middlesbrough study and other research are asking for. Older people's representation on joint groups undoubtedly can be improved. Housing, having finally succeeded during the 1990s in getting into the joint planning machinery, now needs to 'interface' with Primary Care Groups. Generally relationships with health do not tend to be strong. In some areas there will be agreements between housing agencies and health trusts over fast track assessments to avoid bed blocking and to expedite the installations of adaptations.

The care assessment process might need to be reviewed and thought about as far as recognising and acting upon housing need is concerned. Care assessment forms always contain housing questions but they might not always be the right questions (Allen et al 1998). There need to be clearly understood processes for referring housing needs. There possibly also needs to be better linking from care assessments to housing assessments. Included in any review around the care/housing assessment interface might usefully be the medical priority system. Currently, these systems may quite accurately identify older people's medical needs but not their community care needs.

The delivery of good quality accessible housing

All over the country the need for appropriate housing, barrier free housing far outstrips the supply. Although the implementation of part M of the building regulations in October 1999 will help, the amount of accessible housing in the country is very small. Older people suffer from an ageist approach that gives their needs for accessible housing less priority than those of younger disabled people. An operational review in this area would encompass both the delivery of adaptations to older people in all tenures and the provision of barrier free housing.

Any needs assessment which is carried out will undoubtedly flag extensive unmet need for accessible housing. The challenge is to address this problem. Realistically, the Government is not going to release more resources for DFGs etc so local solutions may have to be sought. Currently, budget setting for adaptations is not based on any proper assessment of need and there is some evidence nationwide that current resources are not being used effectively. Adaptations are installed and not used (Shaw. 1999). It is suggested that the review should look at the delivery of both equipment and adaptations to older people and try to find possible solutions which the previous work into needs may have highlighted, such as delays, lack of knowledge on the part of potential clients as to how to apply or be referred, lack of equity between tenures and lack of outcome measures. Funding is not entirely an intractable problem; the central importance of adaptations to older people's independence, health and well being may persuade health and social services to support and help out financially, if only at the margins.

Adaptation will not always be a preferred solution. The strategy review process may find that older people are not given choices; owner occupiers will be expected to stay put and council tenants may be refused an adaptation to their existing property because an authority will perceive it is cheaper to move than adapt. The review should include an appraisal of how well the need for barrier free housing matches up with its supply. Disability registers address the problems of wasteful use of resources. Currently adapted properties can lie empty at the same time as people queue for suitable housing for lack of effective matching mechanisms.

The deployment of sheltered housing and community care alarms

It is likely that the previous stages will have raised a number of questions about sheltered housing which the operational review will need to look at in detail. The Audit Commission's (1998) *Home Alone* report calls for a 'shared vision' between housing and social services with RSLs on the future role and use of sheltered housing. *Supporting People* also comments:

the Department of the Environment, Transport and the Regions and the Department of Health have encouraged housing providers to build in a high level of adaptability when developing or refurbishing housing for older people and have encouraged local authorities to develop strategies for housing, support and care provision which minimise the number of moves older people have to make as their needs change or as they become frailer. (DSS 1998, para 114)

The lack of flexibility referred to in this quotation may have emerged in the previous stages. The audit of turnover, for example, may have shown that sheltered housing is not offering an opportunity to age 'in situ' The review may want to collect further data to inform decisions. There may be a number of questions:

- should sheltered housing move in two different directions: some schemes becoming de-sheltered and some becoming 'very sheltered'
- how barrier free are current schemes;
how can any difficult to let problem be addressed;
- is there a coherent RSL and council approach to the use of sheltered housing;
- can the dispersed alarm service become more attuned to community care policies so that their allocation is more attuned to individuals' needs rather than just being fitted on a 'blanket' basis to all older people living in specialised housing;
- should sheltered housing become a resource to its local community?



Black and minority ethnic older people

Some authorities will have ageing black and minority ethnic populations. An operational review may be necessary to find out if current policies and procedures sufficiently take note of communities' different needs. There were a number of different issues which came out of the Middlesbrough study. First there was not just one minority community but several; they had different needs which required different responses. Second, the housing occupied by some older people made adaptation even more problematic than it usually is. Old terrace housing straight onto streets was a dominant accommodation type for a significant number of ethnic elders. Third, ignorance about services and provision was even greater than that evidenced in the white older population. Finally, poor housing conditions and its impact on health appeared to be a significant problem.

Conclusion: Implementation of the strategy

This final stage is quite obviously the hardest and it must include some monitoring to assess the implementation process of the strategy.

The group will first agree a draft strategy which then must be validated by those organisations and senior managers most affected. If, however, the group is sufficiently senior, that process may not be problematic. The key issues in agreeing a strategy are:

- ownership;
- pooling/sharing resources;
- involvement of older people;
- limited goals may be preferable to very radical changes to the status quo.

On the last point Watson and Torr (1998) talk about a 'cross over' approach being more achievable and realistic than a radical changing of the status quo which involves agencies to committing themselves to fundamental changes in policies and procedures. A full blown joint strategy between housing, health and social services, involving both purchasers and providers, is not necessarily realistic.

This guide concludes with the presentation of a draft housing and community care strategy for older people which came out of the work undertaken in Middlesbrough. The strategy is concerned with the four areas which were prominent in that study: joint working; the provision of good quality accessible housing; the deployment of sheltered housing and alarm services; and black and minority ethnic older people. It is included here simply for illustrative purposes and it summarises the discussion in the previous section. Every local area will differ in its approach. There will be different priorities in different areas.

Joint working

- set up an inter-agency group, which includes older people, for taking the strategy further;
- consider the implications of the *Supporting People* proposals for service delivery to older people;
- assess all old and new joint planning structures including Primary Care Groups and the Joint Investment Plan to see if they are addressing issues relating to housing, care and older people;

- look at care assessment forms and processes for identifying and acting upon housing need within them;
- critically examine how housing needs of older people are registered on the housing application form.

The delivery of good quality accessible housing

- set up an inter-agency group to find more funding to meet the current unmet need for adaptations;
- monitor the provision of accessible new build in all sectors;
- carry out a review on the delivery of adaptations to older people according to Best Value principles looking particularly at: adaptations for people living in RSL properties, equity between tenures generally, the usefulness of adaptations, the delivery of both adaptations and equipment;
- consider the feasibility of setting up a database which can be maintained of both the need for, and supply of, adapted properties;
- establish a user panel to advise on design issues.

The deployment of sheltered housing and alarm services

- complete, if this has not already been done, an audit of provision in all sectors to determine details of provision including facilities, turnover and void levels;
- consider the decommissioning of some schemes and the upgrading of others;
- work with Social Services on reducing reliance on residential care in favour of sheltered housing;
- consider how to delivering floating support to older people living in general needs housing;
- consider whether best use is being made of community alarm services.

Black and minority ethnic older people

- consider the diversity of need within the ethnic community and how to focus service delivery to meet particular needs, for example the delivery of adaptations;
- improve information and advice services;
- address the community's concerns about physical safety.

In the period of time between the research study *Growing older in Middlesbrough* (Oldman and Carlisle 1999) and this guide being issued much has happened in policy terms. The organisational turbulence which seemed a feature of local authority and health authority life in the 1990s looks set to continue albeit it in a milder form. It is a difficult time for organisations to work together but work together they must.

At the beginning of this guide the policy landscape in which housing and community care strategies are situated was briefly sketched. Mentioned in this summary were:

- the *Supporting People* proposals;
- the Best Value framework;
- the Royal Commission on the funding of long term care.

Whilst the research study was being carried out these three events/initiatives/developments had not begun to have any real impact. This has now changed; the co-existence of all three has seemed to make it even more compelling for local areas to work together both strategically and operationally in relation to the housing and support needs of older people.

Implementing the *Supporting People* proposals will give a spur to joint working between sectors which previously has been lacking. Local commissioning panels of housing, social services and probation authorities will have to plan, commission and fund (using the new *Supporting People* grant) housing and support services. There has been some anxiety how the proposals will work in practice and particularly how they will affect sheltered housing residents who are by far the biggest client group involved. *Supporting People* is likely to 'concentrate the local authority corporate mind'.

The process which has been described in these pages of critically assessing what is being done, of finding out from consumers what they want and of matching resources to need is in some ways what is beginning to be done within the Best Value framework. The four Cs of Best Value: challenge, compare, consult and competition are all in evidence in the process of developing a housing and community care strategy for older people.

Finally, the Royal Commission's report seems to give processes like that describe in these pages a great deal of credibility. The Commission has adopted a positive view of later life; one that stresses independent living. If this vision is to be realised partnerships of providers, purchasers and, importantly, older people themselves in local areas need to plan, commission and deliver non institutional types of services and provision.

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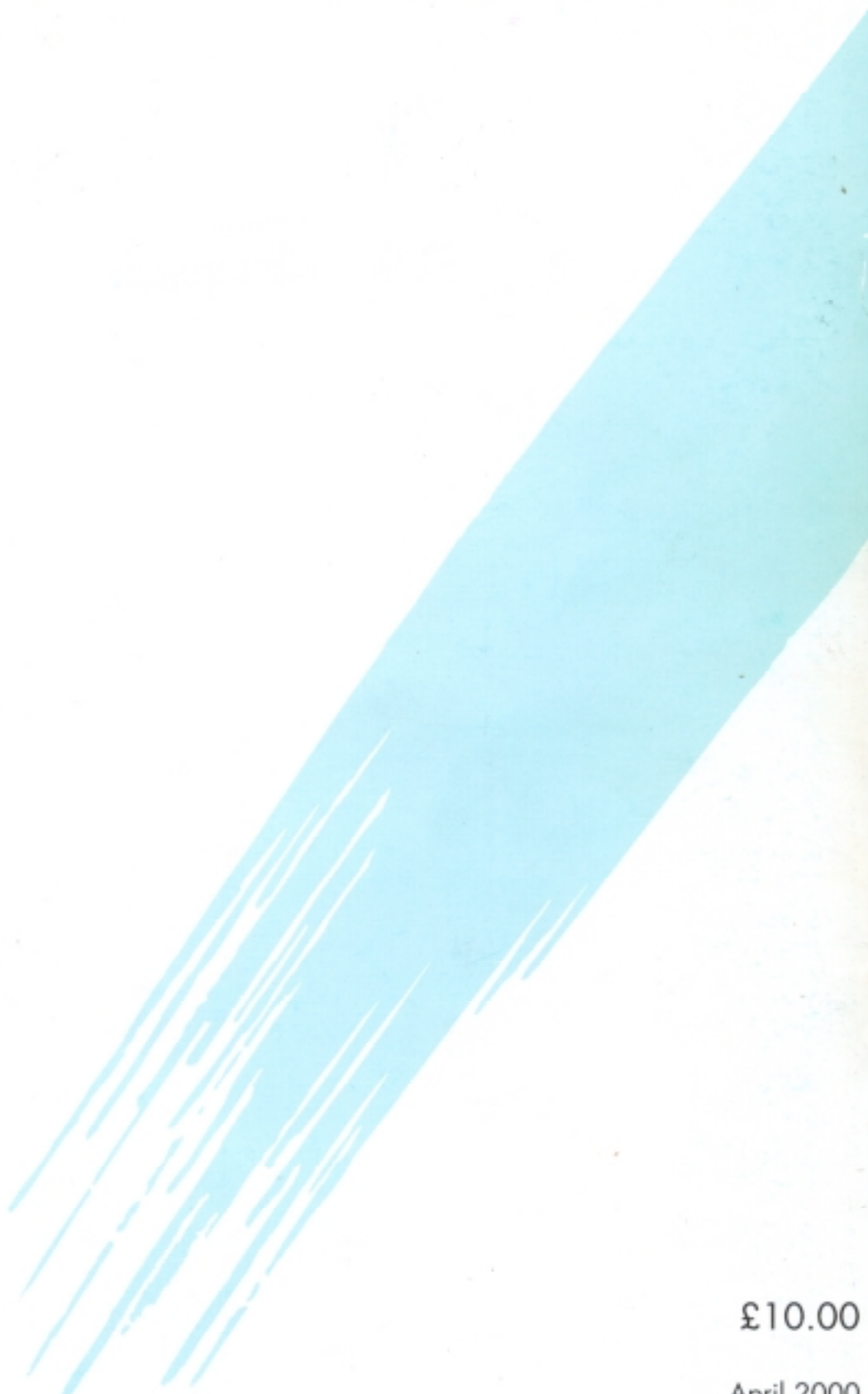
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